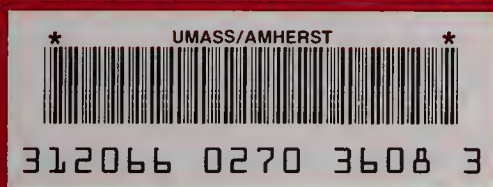


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EXECUTIVE OFFICE OF ELDER AFFAIRS



ALZHEIMERS DISEASE

Principles of Caregiving and Resources for Caregivers



WILLIAM F. WELD
GOVERNOR

FRANKLIN P. OLLIVIERRE
SECRETARY

RECEIVED
JAN 14 1998
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ALZHEIMER'S DISEASE

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The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, Boston, MA 02108

WILLIAM F. WELD
GOVERNOR

RGEO PAUL CELLUCCI
LIEUTENANT GOVERNOR

ANKLIN P. OLLIVIERRE
SECRETARY

Dear Reader:

Alzheimer's disease has become recognized as the most prevalent and most devastating illness afflicting the aged. It is a little known but surprisingly common disorder that affects the cells of the brain. Over 1.5 million American adults have suffered intellectual impairment from the disease.

In August of 1984, the State Legislature passed legislation filed by the Executive Office of Elder Affairs creating the Governor's Special Commission on Alzheimer's Disease. Between November 1984 and July 1985, when a final report was presented to Governor Michael S. Dukakis and the Legislature, the Commission held two public hearings and many subcommittee meetings. In September 1985, an Office of Alzheimer's Information was established within the Executive Office of Elder Affairs.

The purpose of this pamphlet is to assist family members and other caregivers to gain information as to the resources available to them for coping with the physical and psychological ramifications of the illness. For further information, please contact the Alzheimer's Information Office at (617) 727-7750 or toll-free at 1-(800) 351-2299.

Sincerely,

A handwritten signature in cursive script, appearing to read "Franklin P. Ollivierre".

Franklin P. Ollivierre

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INTRODUCTION

This pamphlet has been prepared for families and others who are caring for Alzheimer's patients at home. It responds to many questions that arise in the course of caring for an Alzheimer's patient, and it offers some concrete suggestions for daily management. An overriding theme is the importance of support from family, friends, and community resources for the primary caregiver. It is important to stress not only patient care, but self-care. The emotional, physical, financial, and social costs are enormous, and this pamphlet has been prepared to assist you in the care that you provide. For further information, call (617) 727-7750 or toll-free 1-(800) 351-2299.

ACKNOWLEDGMENT

A major contribution to this pamphlet was made by the Alzheimer's Resource Center of the New York City Department on Aging. Their manual is entitled "Caring - A Family Guide to Managing the Alzheimer's Patient at Home."

PRINCIPLES OF CAREGIVING AND

RESOURCES FOR CAREGIVERS

Any long-term, disabling illness is difficult for the afflicted individual and for family members who are directly or indirectly involved in his/her care. Alzheimer's disease has a profound effect on almost all areas of the patient's and family's lives, interfering with work, social activities, plans for the future, and the activities of daily life that seemed routine, predictable, and enjoyable up to the time of diagnosis. The stress felt by caregivers can at times be overwhelming. Emotional support and assistance with caregiving--from family, friends, and community resources--are therefore essential for the optimal functioning of both patient and primary caregiver. Sometimes, help from a professional counselor is valuable.

Alzheimer's gradually robs the patient of the intellectual capacity, personality attributes and abilities that once made them who they were. Family members frequently feel cheated and angry about these changes and may feel they no longer recognize the individual who was once a source of support, sexual companionship, guidance, and insurance against the loneliness of old age. Alzheimer's disease has been described as a disease of separation which results in the loss of the patient in bits and pieces. It is difficult to prepare oneself emotionally for the time in the final stage of the disease when many patients are

unable to recognize the spouse or child on whom they have been depending for years.

When patient and family receive a diagnosis, they learn that the disease is incurable and that the patient will become progressively more impaired. The stress of caregiving is increased by knowing that most Alzheimer's patients may live with the disease for many years, eventually requiring constant supervision and twenty-four-hour-a-day care. Not only will the patient become totally dependent for assistance in such basic tasks as eating and dressing, but may also develop symptoms which are irritating and even frightening to family members.

Although there is no cure for the disease and no way to stop the progressive deterioration that characterizes its course, some things can be done to maintain the patient at an optimal level of functioning, and to make ones life as comfortable and enjoyable as possible. There are also ways to make caring for the patient easier on the family.

Principles of Caregiving

There are no right or wrong ways to care for an Alzheimer's patient, but experience has shown that following certain simple guidelines usually helps both patient and family. You may find the following guidelines, or "principles of caregiving," useful

in caring for a relative diagnosed as having Alzheimer's disease:

- o Inform yourself about Alzheimer's disease and about the services available to you and the patient. Knowing something about the disease--particularly the typical course and symptoms--will give you an idea of what to expect, lessen the surprises you'll have to deal with and help you to feel a bit more in control of what's happening. Information will also enable you to provide better care for the patient today and to plan more appropriately for the future.

Families of Alzheimer's patients usually say that the best way to deal with the disease is to take one day at a time and not worry about what tomorrow will bring. While this is sound advice in many respects, caregivers also acknowledge the need to come to terms with the fact that the patient has an incurable disease with a predictable downward course. They will require an increasing amount of care and perhaps eventual institutionalization.

Knowing the future, you will want to give some thought to care arrangements compatible with the patient's needs and your resources. Informing yourself about available options--including nursing home care--doesn't require that you make early decisions about the patient's future. The

best time for planning is in the initial stage of the disease process, before you are forced to take action. Soon after the diagnosis is made is also the time to investigate the legal and financial issues raised by a long term and incapacitating disease like Alzheimer's. If you can locate an attorney knowledgeable about the special problems facing Alzheimer's patients and their families, consulting such a specialist is prudent. The goal of legal and financial planning is to ensure your ability to provide the patient with needed care, while at the same time planning for your own future.

- o If you do not already have one, find a doctor who has experience treating Alzheimer's patients and who can help you and the patient throughout the course of the disease. This doctor might be the physician who diagnosed your relative or another physician. The patient should have ongoing medical supervision, as even minor, superimposed illnesses may aggravate his Alzheimer's symptoms. Many patients have co-existing conditions like diabetes and high blood pressure, which must be monitored; and medications may be needed for these conditions or for the management of Alzheimer's symptoms. Because patients gradually lose the ability to communicate exactly how they feel, the doctor you select must have sufficient patience and experience to determine whether an additional medical problem exists and how best to treat it.

- o Try to make life now as similar as possible to the way it's always been. Allow and encourage the patient to do as much for himself as he can--for as long as possible. Try not to jump in and do something for the patient just because it's taking him a long time or he is having difficulty. On the other hand, don't hold back assistance until frustration reaches unmanageable levels.

Give the patient just enough assistance to accomplish the task at hand, and simplify tasks as needed so that the patient can do them using remaining abilities. "Just enough assistance" may be a simple, verbal reminder of what to do or step-by-step instructions. Demonstrating a task may work better than describing it for more impaired patients, and some will need the caregiver to physically guide their movements. The amount and type of assistance a patient needs will vary from task to task and from one day to the next. Doing a task the same way each time tends to make it easier for the patient.

- o Modify the patient's surroundings as needed, making it easier for him to function with safety and independence. You can use the environmental checklist found at the end of this pamphlet to insure that the home is safe, simple, and consistent enough for an Alzheimer's patient.

- o Establish a simple and predictable routine for the patient as his need for structure increases. The patient's routine should vary as little as possible from day to day.

To assist the patient, describe the routine in a written schedule of daily activities. Write the day and date at the top of the schedule and list all planned activities and the times they will occur. Review the schedule with the patient each morning.

- o Be mindful of the patient's increasing need for structure, consistency, and direction in all activities. Repeat information and instructions frequently and try to be supportive and reassuring.

The patient will also need more and more help understanding the world around him. He may lose his sense of time and become confused about where he is and who the people around him are. The things he sees, hears and experience may make little sense to him without interpretation. Reality orientation--the process of providing clues and reminders which help ground the patient in reality--is advocated by most experts on Alzheimer's disease. The schedule of daily activities described above is a reality orientation device.

- o Simplify the way you talk to the patient as his ability to understand and use of language diminishes. You may find the

communication disorders caused by Alzheimer's disease less frustrating if you modify your communication goals as the patient loses language skills. In the middle to late stages of the disease, for example, your primary goal might be to communicate just enough to meet the patient's most basic needs for affection and physical care. Much of the communication might be nonverbal.

Consult your doctor if you notice a dramatic change in the patient's mood or behavior, such as sudden or extreme agitation or lethargy. Behavior changes may be symptomatic of physical or psychiatric illness. Don't be afraid to "bother the doctor"--he is there to advise you and to help the patient. Any suicidal attempts should be reported immediately.

o Don't neglect yourself. It is as important for you as it is for the patient to eat properly and to get enough sleep and exercise. Spending time alone or with friends and family may be a welcome change from patient care. Many caregivers focus total attention on the patient, whose needs they feel have become "more important" than their own. The patient is not the only legitimate recipient of support, understanding, and encouragement. Your needs do not stop when a loved one become ill with Alzheimer's disease.

o Get help with caregiving and seek out respite, or time away

from the patient. Contact your local Home Care Corporation which provides respite care and other services. Enroll the patient in an adult day care program, hire a home care aide, or ask a friend or family member to spend a few hours with the patient, if possible. How you spend your time away is up to you--you may join an Alzheimer's family support group, go to a movie, take an exercise class, go for a walk, or visit a friend. An Alzheimer's patient does not need you with him every moment--a sensitive, caring replacement will usually be just fine for a few hours a day.

Many caregivers are reluctant to ask for help from family, friends, and professionals. A mother may not want to burden her adult children, who may have families of their own or may be uncomfortable with their father's decline. Friends may be disappointing in their inability to cope with the patient's emotional or cognitive changes or with his strange behavior. Some friends will avoid you and the patient, and others may reach out in ways you never expected. The ability to accept and use offers of help will not only relieve the physical and emotional burdens of caregiving, but will also give you opportunities to maintain ties with people who are important to you.

Help "surrogate caregivers" manage the patient successfully by explaining what they can expect and how to handle problems which arise. Remember that no one else may know

the patient as well as you do or understand how Alzheimer's disease has affected him. Furthermore, you may have learned, through trial and error, management techniques which a stranger might not even think to try.

- o Consider meeting with a counselor or psychotherapist if you feel anxious or depressed. Short-term psychotherapy may help you to function better in your role, to understand the patient and to accept feelings, such as anger, fear, and helplessness, you may now consider unacceptable. Denying how you feel (whether to "protect the patient," to "put up a good front" for family and friends or because you "do not have the time or energy" to think about yourself) only makes matters worse. You are not "crazy" if you seek the help of a professional. In fact, getting help for yourself may give you more energy to cope with the task of caregiving.

As mentioned earlier, the entire family is affected by a diagnosis of Alzheimer's disease. Stress of this kind may stimulate old battles or lead to new misunderstandings. This is not a time for emotional strain and isolation among family members. Counseling for the whole family may relieve tensions, and help the family to function as a team. Convincing reluctant family members to get help is not easy--but it is worth a try.

Handling Disturbing Behavior

Caregivers often ask how to handle the disturbing behavior which can be caused by Alzheimer's disease. Psychiatric symptoms, such as delusions, hallucinations, depression or angry outbursts, tend to be the most upsetting to families. Other common behaviors, such as wandering, agitation, hiding, and hoarding things or inappropriate table manners, may be less frightening but no less confusing. Strange behaviors can embarrass, irritate or sadden family members who sometimes can't believe what they are seeing.

The following points may give you some ideas about how to respond to disturbing symptoms:

- o First, try to understand if there is a precipitant. For example, was there a change in environment, routine, medication, or caregiver? Were you feeling rushed, less patient, angry at your impaired relative or at someone else? Was the weather rainy, preventing an outdoor excursion that was normally the highlight of the patient's day? Were there strange or unfamiliar noises or shadows that might have been misinterpreted by the patient because of his impaired capacity to understand what is seen and heard?

The document also includes a section on the handling of petty cash. It specifies that petty cash should be used only for small, routine expenses and that a separate record must be kept for these transactions. Additionally, it mentions that the petty cash fund should be replenished regularly and that the balance should be verified at all times. The document further discusses the process for approving large expenditures, stating that all requests must be reviewed and approved by the appropriate authority before any payment is made. It also includes a section on the handling of customer complaints, emphasizing the need for prompt and courteous responses. The document concludes with a statement of the company's commitment to transparency and accountability in its financial operations.

- o The time of day may affect behavior. Many patients have been found to increase their wandering, pacing, agitation, or depressed mood in the late afternoon or early evening. This is known as the "sundown" effect. Although there may be little you can do to change or control this behavior, being able to anticipate its occurrence may help you to better plan activities.
- o Certain behaviors may reflect that patient's attempt to cope with stress or tension. For example, fidgeting, rocking, pacing back and forth, or wandering may help to release energy that was once discharged in more goal-directed activities. If the patient is agitated, moving about may help him to feel better.
- o Depression may appear in the early stages of the disease and create changes in eating, sleeping, and other behaviors. It is not surprising that someone who is aware of changes in his memory and other functioning may become depressed and frightened. False reassuring seldom works. Some patients may gain relief by talking to a professional counselor or psychotherapist to discuss fears about the future, regrets about the past and plans for the remaining years.
- o Feelings of anxiety often explain the onset of certain behaviors such as wandering or hiding objects. Wandering may represent a search for security. Questions and

statements such as "Where is my mother?" or "I want to go home." illustrate feelings of insecurity or fear.

Reassurance at these times may be helpful. Saying things such as "I am here to take care of you." or "I know you are feeling frightened and alone." may calm and reassure an anxious patient.

- o Paranoia or suspiciousness is a common symptom. Everything is less understandable, less manageable and more frightening to the patient. Some patients can be reassured by your efforts to understand how frightened and out of control they feel. Others may not respond as well, and may need medication if agitation becomes unmanageable.
- o Too much stimulation, such as exposure to crowds, loud noise, unfamiliar places or events, may cause agitation or withdrawal. Restraining an agitated patient usually makes matters worse, increasing his fear and complicating your understanding of the causes. Medication should be used as a last resort to control behavior. It should always be given under the careful supervision of a physician, since adverse reactions can add to problems in patient functioning and management. Behavior modification issues are frequently discussed by family support groups.
- o Chart when behaviors occur. This may help you to understand when, why and how behaviors and symptoms develop.

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Continue to use whatever interventions that work, and discard those that don't for the time being. It is very important to remember that the patient's behavior will be unpredictable and that what worked last week, or even yesterday, may not be effective today. Equally important, remember that the patient's behavior is symptomatic of his illness; he is not intentionally doing things to annoy, anger or frighten you. Patience, flexibility, and good humor will make life easier for both you and the patient.

Services Available to the Patient and Family

The importance of taking advantage of all help available to you and the patient has been discussed. The following pages contain a table summarizing the major services available.

**SUMMARY OF MAJOR SERVICES AVAILABLE TO
ALZHEIMER'S VICTIMS AND THEIR FAMILIES**

SERVICE

DESCRIPTION

Information and Referral

A variety of organizations may be able to provide information on Alzheimer's disease and refer you to the services described below. The Executive Office of Elder Affairs maintains a toll free hot line (1-800-351-2299) which provides information on services available to Alzheimer's victims and their caregivers. Another valuable source of information on available services would be the local Area Agency on Aging; a list of which is in the rear of this pamphlet. The local chapter of the Alzheimer's Disease and Related Disorders Association (ADRDA) will provide information on family support groups and other resources. ADRDA of Eastern Massachusetts (617) 494-5150, ADRDA of Western Massachusetts (413) 586-5325, and ADRDA of Cape Cod (508) 362-2211. Senior centers and Councils on Aging personnel will be knowledgeable about community services and public benefit programs. Discharge Planners and Social Service personnel at local hospitals may also be of assistance.

**Home Care Corporations
Area Agencies on Aging**

In addition to the traditional services such as homemaker, personal care, chore, transportation, home delivered meals, etc., Home Care Corporations/Area Agencies on Aging now provide respite care services to enable caregivers to have some time to themselves. Respite care may be provided by supplying a companion, homemaker, personal care, social day care, adult day health, and even short term institutionalization. Further information can be obtained from the local Home Care Corporations/Area Agencies on Aging.

Legal and Financial Advice

A diagnosis of Alzheimer's disease raises a host of legal and financial issues which should be dealt with early in the illness. Many attorneys are beginning to specialize in the legal issues confronting elderly people. Additionally, all Area Agencies on Aging are mandated to sponsor cost free legal services programs for elders. In order to contact the legal service program in your area, please call your local Home Care Corporation/Area Agency on Aging.

Adult Day Care

Adult day care offers a safe and familiar environment and a structured program of activities for the patient. It also provides relief from caregiving for the family. Although the design of adult day care programs varies, participants ordinarily attend for several hours a day, up to five days a week. A recent survey indicated that many adult day health programs in Massachusetts accept Alzheimer's victims. Finally, a small but growing number of adult day care programs are being established specifically for persons with Alzheimer's disease and related disorders. Further information can be obtained from the Executive Office of Elder Affairs' Alzheimer's hot line (1-800-351-2299) or your local Area Agency on Aging.

Social Day Care Service

Social day care service provides an individualized program of social activity for elders who require daytime supervision because of physical impairment or social or emotional problems that impair their capacity for self-care. Activities of social day care include: assistance with walking; assistance with meal time activities; assistance with grooming; nutrition services including minimum of one (1) meal per day which is of suitable quality and quantity and

supplies at least one-third (1/3) of the daily nutritional requirements; special diets must be made available if indicated by a client's Home Care service plan; morning and afternoon snacks should be available for clients at the day care center; and client activities, including planned recreational and social activities suited to the needs of participants and designed to encourage physical and mental exercise and stimulate social interaction. Social day care services must be provided by trained and supervised staff.

Family Support Groups

Family support groups are composed of the friends and relatives of Alzheimer's patients who meet regularly to share information and discuss common problems. They are a good source of information about the disease and about resources available to patients and their families. They also offer caregivers a chance to give and receive encouragement, support, and understanding from others coping with similar difficulties.

ADRDA has been very active in helping to organize family support groups. Others have been started by social service agencies, adult day care programs and the medical centers which perform diagnostic evaluations.

Individual or Family Counseling

Counseling is provided by private practitioners, and in some instances, by community mental health centers. It is recommended for caregivers who find that the emotional support from family and friends is simply not enough. The Executive Office of Elder Affairs maintains a list of community mental health centers in the Commonwealth. (1-800-351-2299)

Nursing Homes

Many families are eventually unable to care for relatives with Alzheimer's disease at home, even if extensive support is available. Although nursing home placement is usually the choice of last resort, it often becomes the most appropriate and responsible care option for patients in the later stages of the disease. At this point, the care the patient requires may be more demanding and skilled than the family can provide.

Even if the victim is to pay for nursing home care privately, families are strongly encouraged to contact the Long Term Care Connection Program of the Medicaid Division of the Department of Public Welfare. For assistance in finding the appropriate office, please call 1-800-351-2299. Another resource in finding a nursing home bed is the Long Term Care Ombudsman Program which is funded by the local Area Agency on Aging. For information on the quality of care provided by a given nursing home, call or write the Division of Health Care Quality, Department of Public Health, 150 Tremont Street, Boston, MA 02111. The "Surveyor of the Day" can be reached at (617) 727-5860 or toll free at 1-800-462-5531.

TYPICAL SYMPTOMS OF EARLY, MIDDLE, AND LATE STAGES
OF ALZHEIMER'S DISEASE

Ability/Sphere Affected	Early Alzheimer's	Middle Alzheimer's	Late Alzheimer's
Memory	Has trouble remembering recent events; may have difficulty remembering names, finding the right word, and remembering thoughts; misplaces familiar items like keys or glasses; may have difficulty relaying phone messages; may forget appointments; may get lost during a trip to a familiar place	Is largely unaware of all recent events and experiences; can still remember more distant past; cannot form new memories and cannot learn	Has no apparent or recent remote memory
Cognitive Ability	Has difficulty handling finances (e.g. paying bills, balancing a checkbook, making change); has difficulty performing complex but familiar tasks like playing bridge; may have difficulty telling time; may no longer be capable of working	Has great difficulty making decisions and choices; is unable to do even simple arithmetic calculations; has difficulty concentrating and easily loses thread of a story; needs to be instructed about how to complete tasks (tasks must be broken down into steps and instructions repeated frequently); shows poor judgement; loses sense of time and place and often forgets where he is and what time, day, and season it is	Has little observable cognitive function

Coordination/ Motor Skills	Still has generally good coordination and motor skills; may have slowed reaction time and may be unable to drive	Loses coordination and balance; may have difficulty making body do what mind wants it to do; may be unsteady, bump into things and fall easily; may have difficulty walking; loses ability to write legibly	Usually loses ability to walk and sit up; may lose ability to swallow; may go into a stupor or coma
Mood and Behavior	Experiences mood swings, socially withdrawn, easily distracted; seeks out and prefers the familiar; is less spontaneous; shows less initiative; may deny forgetfulness and confusion; may suffer from depression	Experiences frequent mood swings; is increasingly self-absorbed and insensitive to feelings of others; shows little warmth; may become agitated, pace, wander, become suspicious, suffer from delusions or hallucinations; may suffer from sleep disturbances like not sleeping through the night	Is often agitated; usually seems oblivious to environment and to others; may not recognize primary caregiver
Ability to Carry Out Activities of Daily Living	Carries out activities of daily living with little or no assistance	Needs assistance with activities of daily living; may have trouble choosing appropriate clothing for season and occasion and may have difficulty putting the clothing on properly; may develop fear of	Needs extensive assistance with most basic activities of daily living or requires total care (e.g. must be bathed, dressed, groomed.)

Ability/Sphere Affected	Early Alzheimer's	Middle Alzheimer's	Late Alzheimer's
Language	May desire to communicate less, but speech is generally unaffected; has slightly reduced vocabulary; has difficulty with word finding; is vague; may occasionally say irrelevant things	bathing or have trouble with mechanics of bathing; may forget where the bathroom is and have difficulty with mechanics of toileting; may develop incontinence of urine followed by incontinence of feces Talks less or may repeat words or phrases continuously; has slower speech filled with pauses and interruptions; uses complete sentences infrequently and frequently revises what has been said; may make little sense and has difficulty constructing sentences has a significantly reduced vocabulary; may lose the ability to understand written and/or spoken language; may invent words; must have instructions repeated	May lose ability to speak altogether or vocabulary may be limited to one or two words; may be able to repeat words or simple phrases without understanding meaning; may repeat remaining word(s) continuously; may be unable to understand what is being said

ENVIRONMENTAL CHECKLIST

Take this checklist with you as you walk through every room in your home. Indicate with a check if the answer to each question is yes.

Throughout the Home

- o Has the house or apartment been cleared of clutter and simplified as much as possible? [What you want to create is an environment which has what the Alzheimer's patient need in it but as few other objects as possible.] _____
- o Are furnishings and often-used items always kept in the same place? _____
- o Is constant noise and confusion avoided? Are the television and radio shut off when not in use? [An Alzheimer's patient generally does better in quite, calm environment, although soft, classical music may be calming.] _____
- o Are electric and extension cords in good condition and secured in a way which minimizes the possibility of someone tripping over them? _____
- o Is the house or apartment well lit? Are shiny floors with busy patterns avoided? [If the patient bumps into walls or furniture despite good lighting, placing reflector tape on furniture corners or along baseboards may help.] _____
- o Are there working night lights in the hallways? Are they turned on at night? _____
- o Do all stairways have banisters? Are they well secured? _____
- o Are stairs and hallways free from clutter which could cause a fall? _____
- o Is the top of each stairway protected with a safety gate to prevent falls? [Such gates may only be needed at night.] _____
- o Is there adequate space for the patient to pace and otherwise move freely? [Many Alzheimer's patients become agitated and need space to move around.] _____
- o Have all tools and appliances the patient can no longer use safely been removed or locked up? [Such tools and appliances may include an iron, hair dryer, razor, electric mixer or food processor, sewing machine, lawn mower, electric knife, heating pad, and power tools.] _____

- o Have all firearms been locked up? _____
- o Are the car keys kept in a place where the patient can't find them? _____
- o Are all doors secured in such a way that the patient can't get out without assistance? [Wandering is a common symptom of Alzheimer's disease and can be extremely dangerous if the patient becomes lost or disoriented outside. Locks can help prevent wandering but must be installed in such a way to make the patient's "escape" difficult without making access to the house impossible in the event of an emergency like a fire. Because Alzheimer's disease makes the acquisition of new knowledge difficult or impossible, installing a new and unfamiliar lock or placing an old lock in a different place on the door may be enough to prevent the patient from opening the door.]
- o Are all windows secured in such a way that the patient can't get out without assistance? [It is essential that the windows be easily opened in the event of a fire. If you have any questions about the safest way to secure your windows, consult the Fire Department.] _____
- o Have all radiators been blocked off or covered with radiator guards? What about exposed hot water pipes? _____
- o Is the use of cigarettes and matches either prohibited or carefully supervised? [Cigarettes and matches handled by an intellectually impaired person are a major fire hazard.] _____
- o Have interior doors been altered to prevent the patient from accidentally locking himself in a room? [This can be done by removing the locks or taping the door latch open.] _____

Kitchen

- o Is the stove inoperable when not in use? [Improperly operated stoves are a major cause of accidental injury and fire. For the safest and most effective way to make the stove inoperable, consult the dealer, your repairmen, the gas company, or an electrician.] _____
- o Have detergents or similar materials been removed or locked up? _____

ORIGINAL ARTICLES

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
PUBLISHED WEEKLY
CHICAGO, ILL., MAY 1, 1914

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
PUBLISHED WEEKLY
CHICAGO, ILL., MAY 1, 1914

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Patient's Bedroom

- o Has everything the patient doesn't need and use regularly been removed from the room to make it as simple and uncluttered as possible? [Remember to go through all closets and drawers, removing everything except the clothes the patient uses on a day-to-day basis.] _____
- o Is there a sturdy lamp by the patient's bed which he can operate easily without knocking it over? [A remote control on/off switch with a simple push button control may be helpful.] _____
- o Have all area rugs been removed from around the patient's bed? [These are easy to slip on, particularly when getting out of bed at night or when in a hurry.] _____
- o Is there a clear and unobstructed path between the patient's bed and the bathroom? _____
- o Is the patient's room well lit? _____
- o Is there a working night light in the patient's room? Is it turned on at night? _____

Patient's Bathroom

- o Has everything been removed from the bathroom except such essentials as a towel, a bar of soap, a toothbrush, and some toothpaste? [It is best to keep the bathroom as simple as possible and to provide the patient with shampoo, an extra towel, the denture case, the shaving cream, etc., only when needed. As the disease progresses, even the towel, soap, toothbrush, and toothpaste may be used inappropriately if left out.] _____
- o Have all medications (both over the counter and prescription) and toiletries been removed from the bathroom? [Remember to clear out or lock up the medicine cabinet. You should dispense all medications.] _____
- o Are there non-slip decals or a non-skid mat in the tub or shower? [To avoid confusing the patient, it is best to use mats and decals which blend in with the color of the tub or shower.] _____
- o Are there grab bars in the tub and shower for the patient to hold onto while getting into the tub and while taking a bath or shower? [The mere presence of grab bars does not guarantee safety. Make sure that they are bolted to the wall and that they are installed

at a height and in a location convenient for the patient to use.]

- o If the patient has difficulty using the bathtub, is the bathroom equipped with a bathtub bench and a hand-held shower?

- o If the patient has difficulty using the toilet because of stiffness or unsteadiness, is the bathroom equipped with grab bars around the toilet and with an elevated toilet seat available through most medical supply houses?

- o If the bathroom is far from the patient's bedroom, is a portable commode kept in the bedroom?

- o Are small rugs and bath mats removed except when the patient is getting out of the tub or shower? Do the rugs or mats have non-skid bottoms? [Such rugs and bath mats should be used only to keep the patient from getting the floor wet and making it slippery.]

- o Does the bathroom have a working night light? Is it turned on at night?

Although not directly related to the home environment, there are a number of additional safety precautions a family caring for a Alzheimer's patient should take. For example, the family should have a written emergency plan describing procedures to be followed in the event of a medical emergency, a fire, or the patient's wandering away from home. The plan should be posted near the telephone, along with telephone numbers of the police and fire departments, the local poison control center, and the family doctor. Notify the local police precinct immediately if the patient wanders away.

Keep a recent photograph of your relative on hand, as well as photocopies which can be quickly distributed to the police and to neighbors if the patient get out unaccompanied. Obtain an identification bracelet for the patient which gives his name and address and indicates that he is memory-impaired.

It may be wise to inform your neighbors that your relative has Alzheimer's disease, particularly if he has a tendency to wander. Informing them of the nature of his illness, and telling them what to do if he is seen outside alone, may help prevent his wandering beyond the neighborhood. There are innumerable stories of disoriented Alzheimer's patients being returned home by caring neighbors and local merchants.

A final safety precaution involves the decision about whether to leave your relative alone at home. You will have to use your judgement about whether he is intellectually intact enough to be left alone for even short periods of time. A patient whose behavior makes him a potential danger to himself or to others--or a patient who can neither recognize nor respond appropriately to an emergency

situation--should not be left unsupervised.

Responding to an emergency situation frequently requires that a person be capable of communicating the need for help to others. One reason why an Alzheimer's patient may be incapable of responding is that he can no longer communicate that need clearly. The ability to both understand and use language diminishes as Alzheimer's disease progresses.



The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, Boston, MA 02108

WILLIAM F. WELD
GOVERNOR

ARGEO PAUL CELLUCCI
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Area Agency on Aging

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Area Agency on Aging

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TDD: 635-4599
FAX: (617) 635-3213

Boston

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1241 Main St.
Worcester, MA 01603
(508) 756-1545
FAX: (508) 754-7771

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Hardwick, Holden, Leicester,
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*Elder Services of Berkshire County, Inc.
66 Wendell Avenue
Pittsfield, MA 01201
(413) 499-0524
Toll Free: (800) 544-5242
FAX: (413) 442-6443

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Clarksbury, Dalton, Egremont,
Florida, Great Barrington,
Hancock, Hinsdale, Lanesborough,
Lee, Lenox, Mounterrey, Mount
Washington, New Ashford, New
Marlborough, North Adams, Otis,
Peru, Pittsfield, Richmond,
Sandisfield, Savoy, Sheffield,
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*Area Agency on Aging

Home Care Corporations/Area Agencies on Aging

*Elder Services of Cape Cod
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68 Route 134
South Dennis, MA 02660
(508) 394-4630

Toll Free: 800-244-4630 on Cape Cod
Toll Free: 800-442-4492 off Cape Cod
FAX: (508) 394-3712

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Centerville, Chilmark, Dennis,
Eastham, Edgartown, Falmouth,
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Nantucket, Oak Bluffs, Orleans,
Provincetown, Sandwich, Tisbury,
Truro, Vineyard Haven, Wellfleet,
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*Elder Services of the Merrimack
Valley, Inc.

Riverwalk, Building #5
360 Merrimack Street
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Toll Free: (800) 892-0890
FAX: (508) 687-1067

Ames, Andover, Billerica,
Boxford, Chelmsford, Dracut
Dunstable, Georgetown, Groveland,
Haverhill, Lawrence, Lowell,
Merrimac, Methuen, Newbury,
Newburyport, North Andover,
Rowley, Salisbury, Tewksbury,
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Wendell, and Whatley

*Greater Lynn Senior Services, Inc.

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FAX: (617) 592-7540

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Easthampton, Goshen,
Granville, Hadley, Hatfield,
Huntington, Middlefield,
Montgomery, Northampton,
Pelham, Plainfield, Russell,
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Boxborough, Burlington,
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Lexington, Lincoln, Littleton,
Maynard, Stow, Wilmington,
Winchester, and Woburn

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680 Mechanic St. - Suite #120
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(508) 537-7411
FAX: (508) 537-9843

Ashburnham, Ashby, Ayer,
Berlin, Bolton, Clinton,
Fitchburg, Gardner, Groton,
Hubbardston, Lancaster,
Leominster, Lunenburg,
Pepperell, Princeton,
Shirley, Sterling, Templeton,
Townsend, Westminster, and
Winchendon

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300 Commercial Street
Malden, MA 02148
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Everett, Malden, Medford,
Melrose, North Reading,
Reading, Stoneham, and
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Agea Agency on Aging

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Danvers, Marblehead,
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Brockton, Carver, Duxbury,
East Bridgewater, Easton,
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Marshfield, Middleborough,
Pembroke, Plymouth, Plympton,
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Halifax, Hanover, Kingston,
Lakeville, Marshfield,
Middleborough, Pembroke,
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Beverly, Essex, Gloucester,
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Braintree, Cohasset, Hingham,
Holbrook, Hull, Milton,
Norwell, Quincy, Randolph,
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Southwest Boston Senior Services, Inc.
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Hyde Park, South Jamaica
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Tri-Valley Elder Services, Inc.
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251 Main Street
Webster, MA 01570
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Toll Free: (800) 286-6640
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Brookfield, Charlton, Douglas,
Dudley, East Brookfield,
Franklin, Hopedale, Medway,
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Northbridge, North Brookfield,
Oxford, Southbridge, Spencer,
Sturbridge, Sutton, Upton,
Uxbridge, Warren, Webster,
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*WestMass ElderCare, Inc.
4 Valley Mill Road
Holyoke, MA 01040
(413) 538-9020
Hot Line: (800) 462-2301
FAX: (413) 538-6258

Belchertown, Chicopee,
Granby, Holyoke, Ludlow,
South Hadley, and Ware

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Priscilla L. Chalmers, Executive Director

*West Suburban Elder Services, Inc.
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Watertown, MA 02172
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FAX: (617) 926-9897

Belmont, Brookline, Needham,
Newton, Waltham, Watertown,
Wellesley, and Weston

William Blount, President
Sue Temper, Executive Director

*Area Agency on Aging

Alzheimer's Disease

and Related Disorders Association, Inc.

National Headquarters

70 East Lake Street • Chicago, IL 60601

Phone: (312) 853-3060

FACT SHEET ON ALZHEIMER'S DISEASE

DEFINITION AND SCOPE:

Alzheimer's Disease is a progressive, irreversible neurological disorder that affects an estimated 2.5 million American adults. It is the most common form of dementing illness. More than 100,000 die of Alzheimer's Disease annually which makes it the fourth leading cause of death in adults, after heart disease, cancer and stroke.

The disease, first described by Alois Alzheimer in 1906, knows no social or economic boundaries and affects men and women almost equally. Most victims are over 65; however, Alzheimer's Disease can strike in the 40s and 50s. Most Alzheimer's Disease victims are cared for at home, although many persons in nursing homes have dementia. Alzheimer's Disease is devastating for both victims and their families and has been called "the disease of the century."

SYMPTOMS:

Symptoms of Alzheimer's Disease include a gradual memory loss, decline in ability to perform routine tasks, impairment of judgment, disorientation, personality change, difficulty in learning, and loss of language skills. There is variation in the rate of change from person to person. The disease eventually renders its victims totally incapable of caring for themselves.

CAUSE(S) & RESEARCH:

The cause of Alzheimer's Disease is not known and is currently receiving intensive scientific investigation. Suspected causes include a slow virus or other infectious agent, a genetic predisposition, environmental toxins such as aluminum, and immunologic changes. Other factors also are under investigation.

Scientists are applying the newest knowledge and research techniques in histology, virology, immunology, toxicology, neurology, psychiatry, pharmacology, biochemistry, molecular genetics and epidemiology to find the cause, treatment, and cure for Alzheimer's Disease and related dementias.

DIAGNOSIS:

There is no single clinical test to identify Alzheimer's Disease. Before diagnosis of the disease is made, other conditions must be excluded. These include potentially reversible conditions such as depression, adverse drug reactions, metabolic changes, nutritional deficiencies and head injuries.

Each person with possible Alzheimer's Disease symptoms should have a thorough evaluation. Recommended tests include physical, neurological, psychological and psychiatric examinations, and laboratory studies including blood studies, computerized tomography (CT scan), electro-encephalography (EEG) and occasionally studies of the spinal fluid. While this evaluation may provide a clinical diagnosis, confirmation of Alzheimer's Disease requires examination of brain tissue, which is usually performed at autopsy.

Journal of the Royal Society of Medicine

Volume 75, Part 1, 1982

ORIGINAL ARTICLES

1. The effect of the 1978-79 influenza epidemic on the incidence of influenza in the community in the United Kingdom. *Journal of the Royal Society of Medicine* 1982; 75: 1-6.

Dr J. H. Brown
Dr M. J. Smith

2. The effect of the 1978-79 influenza epidemic on the incidence of influenza in the community in the United Kingdom. *Journal of the Royal Society of Medicine* 1982; 75: 7-12.

3. The effect of the 1978-79 influenza epidemic on the incidence of influenza in the community in the United Kingdom. *Journal of the Royal Society of Medicine* 1982; 75: 13-18.

Dr J. H. Brown
Dr M. J. Smith

4. The effect of the 1978-79 influenza epidemic on the incidence of influenza in the community in the United Kingdom. *Journal of the Royal Society of Medicine* 1982; 75: 19-24.

Dr J. H. Brown
Dr M. J. Smith

5. The effect of the 1978-79 influenza epidemic on the incidence of influenza in the community in the United Kingdom. *Journal of the Royal Society of Medicine* 1982; 75: 25-30.

6. The effect of the 1978-79 influenza epidemic on the incidence of influenza in the community in the United Kingdom. *Journal of the Royal Society of Medicine* 1982; 75: 31-36.

Dr J. H. Brown
Dr M. J. Smith

7. The effect of the 1978-79 influenza epidemic on the incidence of influenza in the community in the United Kingdom. *Journal of the Royal Society of Medicine* 1982; 75: 37-42.

TREATMENT:

Although no cure for Alzheimer's Disease is available at present, good planning and medical and social management can ease the burdens on the patient and family. Appropriate medication can lessen agitation, anxiety and unpredictable behavior, improve sleeping patterns and treat depression. Physical exercise and social activity are important, as are proper nutrition and health maintenance. A calm and well-structured environment may help the afflicted person to maintain as much comfort and dignity as possible.

**ECONOMIC
IMPACT:**

The course of the disease is usually several years, some of which may require total care regarding daily activities such as eating, grooming and toileting. It is estimated that more than \$40 billion is spent annually on the costs of caring for Alzheimer's Disease victims both in nursing homes and at home.

ADRDA:

The Alzheimer's Disease and related Disorders Association (ADRDA), founded in 1980, is a privately-funded national voluntary health organization. Headquartered in Chicago, ADRDA has more than 1,000 support groups and 150 Chapters and Affiliates nationwide. ADRDA's board of directors is comprised of business leaders, health professionals, and family members. Additionally, there is a prestigious Medical and Scientific Advisory Board which consults on and monitors issues related to Alzheimer's Disease.

ADRDA has four major goals: (1) Supporting research into causes, treatments, cures and prevention; (2) Providing family support through local Chapters, Affiliates and Family Support Groups which provide assistance to afflicted families; (3) Stimulating education and public awareness of both laymen and professionals on Alzheimer's Disease; (4) Advocacy, encouraging legislation that responds to the needs of Alzheimer's Disease patients and family members, at federal, state and local levels. The national office promotes public awareness; maintains liaisons with government agencies and national professional organizations, stimulates family support activities; administers a research grant program to initiate new investigations into the cause(s), prevention and cure of Alzheimer's disease; serves as a clearinghouse for information; and publishes a quarterly newsletter. ADRDA sponsors a month-long public awareness campaign for National Alzheimer's Disease Awareness Month each November.

Alzheimer's Disease International was formed in 1984 to share program and research developments on Alzheimer's Disease worldwide.

HOTLINE:

A nationwide 24-hour hotline provides information and links families who need assistance with nearby Chapters and Affiliates. Those interested in help may call 800-621-0379 (Illinois residents, call 800-572-6037.) The telephone number for the national office in Chicago is 312-853-3060.



Someone to Stand by You

How to evaluate an Alzheimer Special Care Unit

SPECIAL CARE UNITS

An Alzheimer Special Care Unit is defined as a dedicated nursing unit that provides enhanced care and a specialized program of activities for patients with a diagnosis of Alzheimer's disease or a related disorder. A good Alzheimer Special Care Unit creates a therapeutic environment that uses several different techniques that serve to keep the resident independent for a longer period of time in a safe, caring environment. Because the purpose of these units is to care for a unique population of patients, a memory diagnostic evaluation is required by most Alzheimer Special Care Units.

WHAT TO LOOK FOR IN A NURSING HOME WITH A DEDICATED ALZHEIMER SPECIAL CARE UNIT.

The Alzheimer's Association of Eastern Massachusetts suggests that families address the following issues when going through the process of searching for a special care unit:

- 1) Determine if your loved one with Alzheimer's will benefit from a Special Care Unit or if they would do well in a nursing home with an integrated population. Special Care Units provide active therapy and behavioral management for individuals who wander and may be difficult to manage in a non-specialized facility. Units can also benefit individuals who require more structure and specialized "failure free" activities. Visit both types of nursing homes before you make your choice. Consult with your doctor or behavioral specialists to help with this decision, if you are unsure.
- 2) Who will evaluate your loved one for possible placement and what information will you need to provide.
- 3) Ask to see a copy of the "mission statement" or the "philosophy of the unit." Does it reflect a philosophy that is therapeutic in its approach to the care of persons with dementing illnesses?
- 4) Is there a secure door system in place which allows patients to ambulate freely within the unit but also guards against wandering off the Special Care Unit and outside of the facility?
- 5) There should be rooms that are dedicated to activities and dining on the Special Care Unit and used only by dementia residents.

- 6) Ask to see a copy of the activities calendar for the current month. The Alzheimer's Association recommends that there be a full-time activities professional who works exclusively on the Special Care Unit and provides a minimum of 60 hours per week of dementia appropriate activities. Interview the Activities Director.
- 7) There should be a staffing ratio of 1 staff person to 5 residents on all but the over-night shifts. This ratio can include all contact staff on the unit such as activities, social work, physical therapy, occupational therapy, and others. The number of overnight staff is determined by the residents' needs but it should not fall below a 1 to 9 ratio.
- 8) Ask for a list of primary care physicians and consultants that provide services to residents at the facility. If your family member required emergency or acute care, what hospital does the nursing home use for residents?
- 9) Ask the facility what their policy is regarding the use of physical or chemical restraints. During your tour be observant for signs of residents in geri-chairs, with vest or waist restraints, or residents that may appear to "look chemically restrained". How are behaviors managed on the unit?
- 10) The Alzheimer's Association recommends that a geriatric psychiatrist experienced in Alzheimer care be affiliated with the Special Care Unit and evaluate the use of all psychoactive medications on a periodic basis. This psychiatrist should regularly examine residents on the Special Care Unit.
- 11) What are the policies related to transfer and/or the discharge from the Alzheimer care unit? What happens when a resident is considered inappropriate for the unit? What happens when a private pay resident becomes Medicaid eligible?
- 12) How do family members relate to staff and participate in daily care? What are the facility's policies on visiting? After you have toured the unit with a staff member from the facility, plan a second visit to the home either during a meal-time, during the evening shift or on a week-end. This will allow you to see how the unit deals with issues of increasing confusion and behavior management during non-peak hours of staffing.
- 13) Does the facility have a written waiting list, and will the family receive notice when there is a bed opening?
- 14) To what extent does the nursing home use agency nurses or nursing assistants? Excess use of agency staff is a negative factor. Does the unit assign the same staff to residents each day, called primary care nursing, a preferred model?

- 15) Does the design of the unit compensate for cognitive losses such as, color coded rooms to assist with room finding, dull floors to reduce reflection that impede walking, bright, non-glare lighting to reduce sundowning, safe indoor and outdoor walking areas to name just a few?
- 16) Is there a hospice program affiliated with the unit?
- 17) Is there a support group run by the Special Care Unit for family members of those with dementia?
- 18) Is there a support group run by the Special Care Unit for their staff?
- 19) What type of special communication techniques are used by the staff with the dementia residents? How are residents assisted with activities of daily living?
- 20) Ask to sit and simply observe for an hour or more. Do the nursing staff genuinely like the residents and interact with them in a loving way?
- 21) Ask the administrator for the names of other family members that you can speak with. Call the Alzheimer's Association to see if the home is in good standing. Check with the State Department of Public Health to see if the home has received any deficiencies. Talk with your neighbors to determine what the public's image of the home is.
- 22) What kind of special training has the staff received on Alzheimer's care? Who provided that training? Is the home certified by the Alzheimer's Association? Ask to see the training curriculum that the home uses.
- 23) Ask about what opportunities of religious practice exist for the Alzheimer patient.
- 24) Interview the nutritionist and ask about finger foods or pureed diets.

There are many factors involved in selecting a nursing home. Attempt to get an overall "feel" for the facility, particularly the Special Care Unit. The Alzheimer's Association of Eastern Massachusetts encourages calls to discuss the many issues involved in the decision to select a long term care facility placement. Call the Association's Helpline at 617/494-5150 or from the 508 area at 1-800/548-2111 for more assistance.

LONG TERM CARE FACILITIES WITH AN ALZHEIMER'S UNIT

(IN ORDER BY CITY/TOWN)

CITY/TOWN -----	NAME OF FACILITY -----	ADDRESS -----	TELEPHONE -----
ANDOVER	WOODFORD OF AYER NURSG HOME	15 WINTHROP AVE.	508-772-0409
BELMONT	BELMONT MANOR NURSING HOME	34 AGASSIZ AVE.	617-489-1200
VERLY	BLUEBERRY HILL HLTHCARE N.H.	75 BRIMBAL AVE.	508-927-2020
STON	SHERRILL HOUSE	135 S.HUNTINGTON	617-731-2400
STON	STAR OF DAVID NSG & REHAB CTR	1100 V.F.W. PARKWAY	617-325-8100
MAINTREE	JOHN SCOTT HSE N & R CTR.	233 MIDDLE ST.	617-843-1860
PORTSMOUTH	BRANDON WOODS LTCF	567 DARTMOUTH ST.	508-997-0797
ANNIS	EAGLE POND REHAB	1 LOVE LANE	508-385-6034
DUXBURY	DUXBURY HOUSE NURSING HOME	298 KINGS TOWN WAY	617-585-2397
DUXBURY	BAY PATH/DUXBURY NSG REHAB	308 KINGS TOWN WAY	508-585-5561
LONGMEADOW	MEDIPLEX OF EAST LONGMEADOW	135 BENTON DRIVE	413-525-3336
IRHAVEN	NICHOLS HOUSE NURSING HOME	184 MAIN STREET	508-997-3193
LL RIVER	CATHOLIC MEMORIAL HOME	2466 HIGHLAND AVE.	508-679-0011
LMOUTH	CENTER FOR OPTIMUN CARE	359 JONES ROAD	508-457-9000
TCHBURG	THE HIGHLANDS:A LTC CENTER	50 NICHOLS RD.	508-343-4411
AMINGHAM	SAINT PATRICK'S MANOR	863 CENTRAL AVE.	508-879-8000
.BARRINGTON	TIMBERLYN HEIGHTS NH	320 MAPLE AVE.	413-528-2650
VERHILL	GLYNN MEMORIAL HOME	61 BROWN ST.	508-374-2378
PEDALE	ADIN MANOR CONV. HOME	34 ADIN ST.	508-473-0171
NGSTON	BETHESDA AT EVANSWOOD SNF	16 CHIPMAN WAY	617-585-6556
NCASTER	RIVER TERRACE HLTHCARE N.H.	BALLARD HILL	508-365-4538
WRENCE	MI NURSING/RESTOR. CTR.	ZERO BENNINGTON ST.	508-685-6321
NOX	EDGECOMBE NURSING HOME	40 SUNSET AVE.	413-637-0622
XINGTON	MEDIPLEX OF LEXINGTON	178 LOWELL ST.	617-862-7400

LONG TERM CARE FACILITIES WITH AN ALZHEIMER'S UNIT

(IN ORDER BY CITY/TOWN)

CITY/TOWN -----	NAME OF FACILITY -----	ADDRESS -----	TELEPHONE -----
ANDOVERMEADOW	JEWISH NH OF WESTERN MASS	770 CONVERSE ST.	413-567-6211
ANDOVER	GLEN RIDGE NCC	120 MURRAY ST.	617-391-0800
ANDOVER BEDFORD	BLAIRE HOUSE LTCF OF N.B.	397 COUNTY ST.	508-997-9396
ANDOVER TOWN	MEDIPLEX OF NEWTON	2101 WASHINGTON ST.	617-969-4660
ANDOVER NORTH CHATHAM	LIBERTY COMMONS NH	390 ORLEANS ROAD	508-945-4611
ANDOVER WOOD	CHARWELL HOUSE	305 WALPOLE ST.	617-762-7700
ANDOVER PALMER	PALMER HOUSE ALZ. CTR.	250 SHEARER ST.	413-283-8361
ANDOVER PITTSFIELD	WILLOWOOD NSG & REHAB CENTER	169 VALENTINE RD.	413-528-5000
ANDOVER AUGUS	HAMMERSMITH HOUSE NCC	73 CHESTNUT ST.	617-233-8123
ANDOVER HOUGHTON	BLUE HILLS ALZ. CARE CTR.	1044 PARK ST.	617-344-7300
ANDOVER CAMPSCOTT	JEWISH REHAB CTR FOR THE AGED	330 PARADISE RD.	617-598-5310
ANDOVER TEWKSBURY	BLAIRE HOUSE LTCF TEWKSBURY	10 ERLIN TERRACE	508-851-3121
ANDOVER WELLESLEY	NEWTON & WELLESLEY ALZ. CTR.	694 WORCESTER RD.	617-237-6400
ANDOVER LYNNMOUTH	COLONIAL NSG. & REHAB CENTER	125 BROAD STREET	617-337-3121
ANDOVER WILLIAMSTOWN	SWEET BROOK NURSING HOME	COLD SPRING ROAD	413-458-8127
ANDOVER WORCESTER	BLAIRE HOUSE LTCF OF WORC.	116 HOUGHTON ST.	508-791-5543
ANDOVER WORCESTER	JEWISH HEALTHCARE CENTER	629 SALISBURY ST.	508-798-8653

